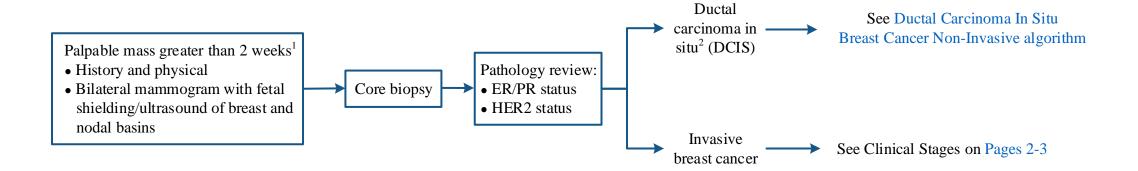
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Disclaimer: This algorithm has been developed for MD Anderson using a multidisciplinary approach considering circumstances particular to MD Anderson's specific patient population, services and structure, and clinical information. This is not intended to replace the independent medical or professional judgment of physicians or other health care providers in the context of individual clinical circumstances to determine a patient's care.

Note: Any pregnant patient presenting to MD Anderson should have a Maternal Fetal Medicine (MFM) consult prior to initiation of any treatment.

INITIAL EVALUATION



Special considerations:

- There should be open communication with the patient, obstetrician, and medical, surgical and radiation oncologists
- Surveillance of children exposed in utero to chemotherapeutic agents should be documented
- Surgery will not be performed at MD Anderson post 22 weeks gestation

¹ If metastatic disease at diagnosis, individualize treatment with multidisciplinary planning

²Patients with DCIS should not receive chemotherapy



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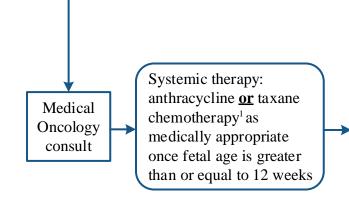
electronic health record.

Yes

No

Response?

CLINICAL STAGE • If preoperative chemotherapy is not Clinical Stage I indicated and if fetal age is less than 22 weeks gestation, primary surgery may be performed at MD Anderson Individualize patient a Maternal Fetal Medicine • If primary surgery is necessary between Surgical consult Pathology review: surveillance candidate for pre-(MFM) consult to 22 weeks and delivery, surgery is strongly for primary • ER/PR status program based **or** post-operative determine fetal age and recommended to be performed at outside • HER2 status on clinical treatment systemic delivery date facility with complete obstetrics unit indication therapy? available. If surgery has to be performed at MD Anderson, a detailed plan by the MFM specialist should be documented in the Yes



• MFM follow-up prior to each anthracycline chemotherapy¹ or every 3-5 weeks prior to taxane chemotherapy

• Consider holding chemotherapy by week 35 of gestational age or approximately 3 weeks prior to a planned delivery

Individualize therapy based on multidisciplinary Surveillance conference recommendation

Special Considerations:

- There should be open communication with the patient, obstetrician, and medical, surgical and radiation oncologists
- Surveillance of children exposed in utero to chemotherapeutic agents should be documented
- Surgery will not be performed at MD Anderson post 22 weeks gestation

After delivery of baby,

individualize care as

clinically indicated

Continue

systemic therapy

until completed

Anthracycline therapy prior to taxane therapy is the preference

Making Cancer History®

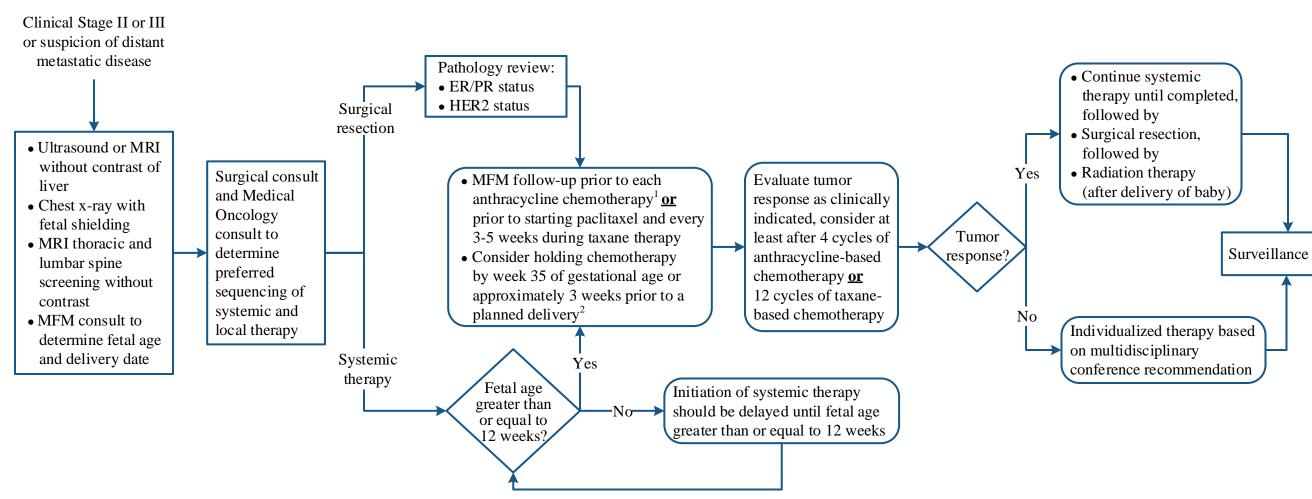
Pregnancy and Breast Cancer

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Note: Any pregnant patient presenting to MD Anderson should have a Maternal Fetal Medicine (MFM) consult prior to initiation of any treatment.

CLINICAL STAGES



Special Considerations:

- There should be open communication with the patient, obstetrician, and medical, surgical and radiation oncologists
- Surveillance of children exposed in utero to chemotherapeutic agents should be documented
- Surgery will not be performed at MD Anderson post 22 weeks gestation

- Anthracycline therapy prior to taxane therapy is the preference
- ² Following the delivery of baby:
- Additional chemotherapy, endocrine, biologic therapy and/or radiation as clinically indicated
- Review labor, delivery, and neonatal records



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SUGGESTED READINGS

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Invited Articles

- Litton, J. K., & Theriault, R. L. (2010). Breast cancer and pregnancy: Current concepts in diagnosis and treatment. The Oncologist, 15(12), 1238-1247. doi:10.1634/theoncologist.2010-0262
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DEVELOPMENT CREDITS

This practice algorithm is based on majority expert opinion of the Breast Center Faculty at the University of Texas MD Anderson Cancer Center. It was developed using a multidisciplinary approach that included input from the following:

Olga N. Fleckenstein

Henry Mark Kuerer, MD (Breast Surgical Oncology)

Jennifer Litton, MD (Breast Medical Oncology)

Andrea Milbourne, MD (Gynecologic Oncology & Reproductive Medicine)

Tanya Moseley, MD (Diagnostic Radiology - Breast Imaging)

Amy Pai, PharmD

Vicente Valero, MD (Breast Medical Oncology)

^{*} Clinical Effectiveness Development Team